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APPLICANTS

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** CONTINUING DATA ***** *yes 27*
 This application is a CON of 10/310,390 12/05/2002 PAT 6,894,456
 which claims benefit of 60/402,323 08/09/2002

** FOREIGN APPLICATIONS ***** *none 07*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE
 Implantable medical power module

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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